

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

10/520,49

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			2			
12			2			
13			2			
14			2			
15			2			
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23			2			
24			2			
25			2			
26			2			
27			2			
28			1			
29			/			
30			/			
31			X			
32			X			
33			X			
34			X			
35			1			
36			1			
37			2			
38			X			
39			1			
40			1			
41			1			
42			1			
43			1			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		64	←		←
TOTAL CLAIMS			69			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY